## MEDICAL CERTIFICATE

(For Employment)

	Name and Address of the Owner, where	CONTRACTOR OF THE PARTY OF THE
INSTRUCTIONS		
a. This medical certificate should be accomplished by a licensed government physician. b. Attach this certificate to original appointment, transfer and reemployment. c. The results of the following pre-employment medical/physical/psychological		
must be attached to this form:		
☑ Blood Test		
Urinalysis		
Chest X-Ray		
Drug Test		
Psychological Test		
Neuro-Psychiatric Examination (if applicable)		

	FOR THE PROPOSED	APPOINTEE
NAME (Last Name, First Name, Name	Extension (if any) and Middle Name)	AGENCY / ADDRESS
MODINA LIENRY	POSAS	D.445-
ADDRESS		DA4M
BO. MARCOS BATDAM	UTY LOTTE	
AGE SEX	CIVIL STATUS	PROPOSED POSITION
18 MACE		promotion

## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF INCENSED GOVERNMENT PHYSICIAN:  MERRY CHRIST I SUPPLY WILLIAM AND MEDICAL OFFICE FILL LICENSE No. 111828  AGENCY/Affiliation of Licensed Government Physician:	OTHER IN	FORMATION AB POSED APPOIN	BOUT THE
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED 1. 25-19		N 40 80 1 1 1 1 1